

- 14 Lawlor DA, Davey Smith G, Ebrahim S. Association between childhood socioeconomic status and coronary heart disease risk among postmenopausal women: findings from the British women's heart and health study. *Am J Public Health* 2004;**94**:1386–92.
- 15 National Cholesterol Education Program. Executive summary of the third report of the National Cholesterol Education Program (NCEP) expert panel on detection, evaluation, and treatment of high blood cholesterol in adults (adult treatment panel III). *JAMA* 2001;**285**:2486–97.
- 16 Rosvall M, Östergren PO, Hedblad B, et al. Life-course perspective on socioeconomic differences in carotid atherosclerosis. *Arterioscler Thromb Vasc Biol* 2002;**22**:1704–11.
- 17 Wannamethee SG, Whincup PH, Shaper G, et al. Influence of fathers' social class on cardiovascular disease in middle-aged men. *Lancet* 1995;**348**:1259–63.
- 18 Burke GL, Econs GW, Riley WA, et al. Arterial wall thickness is associated with prevalent cardiovascular disease in middle-aged adults: the atherosclerosis risk in communities (ARIC) study. *Stroke* 1995;**26**:386–91.
- 19 Lamont D, Parker L, White M, et al. Risk of cardiovascular disease measured by carotid intima-media thickness at age 49–51: lifecourse study. *BMJ* 2000;**320**:273–8.
- 20 Hirsch AT, Folsom AR. The continuum of risk: vascular pathophysiology, function, and structure. *Circulation* 2004;**110**:2774–7.
- 21 Power C, Graham H, Due P, et al. The contribution of childhood and adult socioeconomic position to adult obesity and smoking behaviour: an international comparison. *Int J Epidemiol* 2005;**34**:335–44.
- 22 Åkerblom HK, Uhari M, Pesonen E, et al. Cardiovascular risk in young Finns. *Ann Med* 1991;**23**:35–40.
- 23 Raitakari OT, Juonala M, Kähönen M, et al. Cardiovascular risk factors in childhood and carotid artery intima-media thickness in adulthood: the cardiovascular risk in young Finns study. *JAMA* 2003;**290**:2277–83.
- 24 Statistics Finland. *Classification of socio-economic groups 1989*, Handbook 17. Helsinki: Statistics Finland, 1989.
- 25 Matthews DR, Hosker JP, Rudenski AS, et al. Homeostasis model assessment: insulin resistance and beta-cell function from fasting plasma glucose and insulin concentrations in man. *Diabetologia* 1985;**28**:412–9.
- 26 Juonala M, Viikari JSA, Laitinen T, et al. Interrelations between brachial endothelial function and carotid intima-media thickness in young adults: the cardiovascular risk in young Finns study. *Circulation* 2004;**110**:2918–23.
- 27 Han TS, van Leer EM, Seidell JC, et al. Waist circumference action levels in the identification of cardiovascular risk factors: prevalence study in a random sample. *BMJ* 1995;**311**:1401–5.
- 28 McCarron P, Davey Smith G. Physiological measurements in children and young people, and risk of coronary heart disease in adults. In: Giles A, eds. *A lifecourse approach to coronary heart disease prevention*. London: National Heart Forum, the Stationery Office, 2003:79–118.
- 29 Collins R, Peto R, MacMahon S, et al. Blood pressure, stroke, and coronary heart disease. Part 2. Short-term reductions in blood pressure: overview of randomised drug trials in their epidemiological context. *Lancet* 1990;**335**:827–38.
- 30 Prospective Studies Collaboration. Age-specific relevance of usual blood pressure to vascular mortality: one million adults in 61 prospective studies. *Lancet* 2002;**360**:1903–13.
- 31 Kopelman PG. Obesity as a medical problem. *Nature* 2000;**404**:635–43.
- 32 Parker L, Lamont DW, Unwin P, et al. A life course study of risk for hyperinsulinaemia, dyslipidaemia and obesity (the central metabolic syndrome) at age 49–51 years. *Diabet Med* 2003;**20**:406–13.

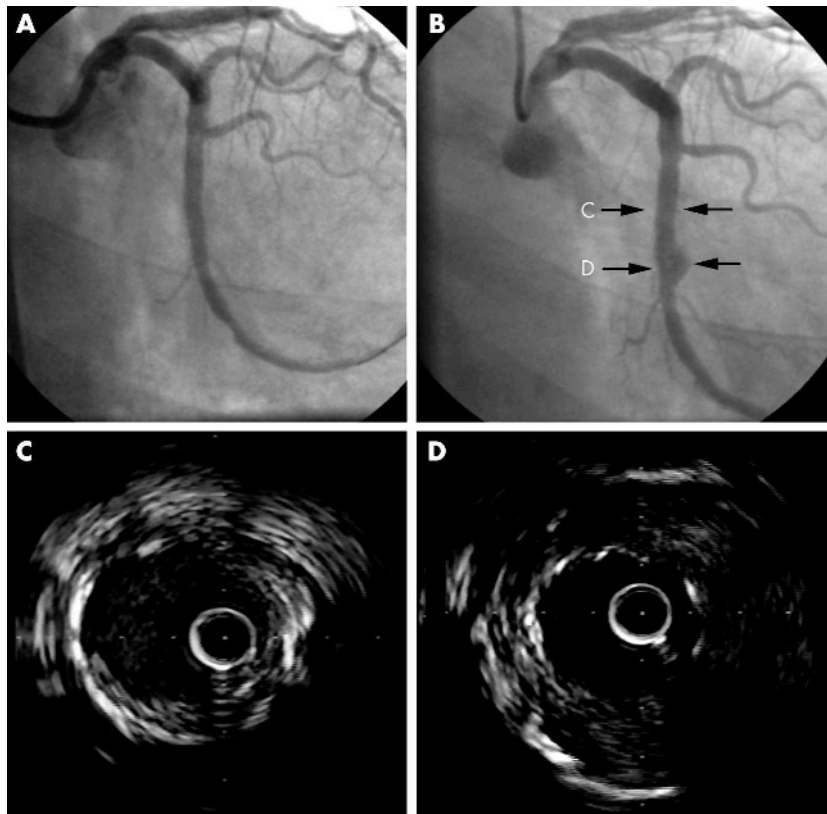
IMAGES IN CARDIOLOGY

doi: 10.1136/hrt.2005.071811

Asymptomatic coronary artery aneurysm associated with paclitaxel eluting stent

A 63 year old woman with hypercholesterolaemia underwent percutaneous coronary intervention for exertional chest pain: a 3.0 × 33 mm sirolimus eluting stent (Cypher, Cordis, Johnson and Johnson Co) for a notably stenotic left anterior descending artery (LAD) at its proximal portion; and a 3.5 × 32 mm paclitaxel eluting stent (Taxus, Boston Scientific Co) for a totally occluded left circumflex artery (LCx) were inserted successfully (panel A).

Following the procedure the patient progressed well and was free of symptoms. Six months after the procedure, a follow up coronary angiography was performed to evaluate the patency of the stented segment. The Cypher stent in the proximal LAD was patent. However, a large coronary aneurysm was observed at the body of the Taxus stent implanted in the distal LCx, without any evidence of significant restenosis (panel B). Intravascular ultrasound (IVUS, SciMed/Boston Scientific) demonstrated the presence of a true aneurysm at the mid portion of the Taxus stent (panels C and D) measuring 6 mm × 15 mm at its maximum dimensions. Since there were no thrombi within the aneurysm and the size of the aneurysm was not significantly large, the patient was discharged without further intervention, and has remained asymptomatic.



H-S Kim
J-H Park
J K Ko
jkko@chonbuk.ac.kr